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PROGRAMME DEVELOPMENT IN THE SOUTH CENTRAL ASIA REGION

This document provides an overview of UNICEF programme co-operation in the South Central Asia region during 1989.

The UNICEF regional office has responsibility for UNICEF co-operation in the following countries: Afghanistan, Bhutan, India, Maldives, Mongolia, Nepal and Sri Lanka.

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I. OVERVIEW

1. This report reviews major trends - both positive and negative - of child-related development in the region. It presents a region-specific profile of problems, as well as of opportunities for advocacy, planning and action.

A. Political and economic trends

2. With the withdrawal of all occupying forces by February 1989, the situation in Afghanistan remained tense and unpredictable as a state of emergency was declared. The situation of children and mothers - the main victims of the war - deteriorated further. However, the extent of the tragedy in terms of displaced populations, human and economic costs and environmental loss has yet to be fully documented.

3. In Bhutan, traditional values and culture were reinforced in 1989 to safeguard national unity and self-reliance and to help build a truly indigenous base for national development planning and action. In addition, efforts were made to further decentralize the implementation of development programmes.

4. The Indian economy recovered from two years of severe drought, and per capita gross national product registered an impressive growth rate of 7 per cent during 1988/89. During the same period, there were significant increases in Central Government expenditure in education, public health, family welfare, drinking water and nutritional support. However, disparities remain appreciable in all social and economic sectors, and the increased investments for social development might be difficult to sustain because of the demands made on government revenues by interest payments, subsidies and the cost of defence and administration. Important initiatives, such as decentralized planning, were put on the national agenda.

5. For Maldives, 1989 proved to be a good year. The continuity of leadership with the re-election of the President helped to maintain the pace of programme implementation. Budget allocations for education and health increased twofold, and allocations for women's programmes also increased. The economy showed an annual growth rate of 10 per cent.

6. In 1989, Mongolia experienced considerable change. The current political climate encouraged a new openness in the dissemination of information. Opportunities were created both for further promoting the considerable achievements made in the social sector and for more effective development co-operation.

7. While Nepal was steadily gaining momentum in the economic and social sectors, an unexpected trade crisis emerged in March 1989 that resulted in a shortage of kerosene and petroleum products, a reduction in social sector budget allocations and a decline in the gross domestic product growth rate from 7.1 per cent in 1987/88 to 1.5 per cent in 1988/89. All development efforts were, therefore, adversely affected in 1989.

8. During 1989, one of the most complex political and economic situations in the history of Sri Lanka has led to the total disarray of the economy, with a poor

outlook for future economic growth. Moreover, government development efforts, including the poverty alleviation programme, have been adversely affected.

9. Regionally, co-operation within the South Asian Association for Regional Cooperation (SAARC) has faced some internal problems. At the same time, the strengthening of professional linkages and co-operation in many fields, including the area of child development, has continued. At the end of 1988, the Islamabad Summit reiterated previously adopted goals for immunization, safe drinking water supply, primary education, maternal and child nutrition and shelter. It also decided to observe 1990 as the Year of the Girl Child and requested that a regional plan be prepared for "SAARC 2000: A Basic Needs Perspective". Although the preparatory process for the 1989 Summit has been delayed, the SAARC countries are again assessing and evaluating the situation of children in each of the member countries.

B. A profile of problems

10. There is a substantial measure of homogeneity in the nature of basic problems, their deeper causes and possible solutions among the countries of the region, notwithstanding the differences in land area, population size and socio-economic development. An obvious, though disturbing, example is the disparity within each country and community that affects children's access to the means of their development.

11. There is also a feeling of failing livelihood on the part of large segments of the nearly 900 million people, 40 per cent of whom are children. This arises from the pressures of the total environment - economic poverty, illiteracy, population density, ethnic unrest, political violence, social tension, gender discrimination and the degradation of the natural life support systems. About one half of the world's absolute poor live in the region.

12. This situation has contributed to the creation of a relatively common set of regional problems that might be summarized as follows:

(a) The gap between those who have assets, skills information, services, subsidies and access to social infrastructure, and those who do not have them, continues to be large. Abject poverty and its consequences are core issues in improving the situation of children and women. In fact, reaching, supporting and enabling girls and women to have access to education, health services, self-help or employment opportunities, and generally to improve their status and livelihood, represent the most important longer-term goals for social and economic development;

(b) The population growth rate is well above the planned level, and the nexus between this and poverty is known;

(c) Although most of the countries have developed the basic infrastructure and professional capacity to address social underdevelopment, they are not being adequately used to bridge the gap between the haves and the have-nots. This inability of existing systems to reach the unreached seems central to the problems of the region. In some cases, the internal gaps appear to be increasing;

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(d) There is a continuing large-scale waste of human talents because of the lack of educative stimuli, scientific training and congenial modes of expression. This social condition is illustrated by the critical situation of women and girls in some countries in the region;

(e) The human potential is further circumscribed by widespread malnutrition in spite of the natural endowments of material and human resources to produce enough for everyone. It is probable that nutritional deficiencies among young children from poorer families are increasing;

(f) Insanitary living conditions remain one of the core problems, and although there has been increasing access to safe drinking water, it still remains a problem;

(g) A combination of inadequate nutrition, sanitation and education aggravates the health problems, the magnitude of which the curative approach seems incapable of coping with;

(h) All of the above are serious threats to the poor who are caught in a rapid process of urbanization, and especially for the increasing number of abandoned children, street children and children exploited as cheap labour.

II. HIGHLIGHTS OF PROGRAMME PERFORMANCE

A. Afghanistan

13. In spite of the political constraints indicated earlier, the UNICEF immunization programme continued in the 14 provinces. However, the vaccination activities remained confined mainly to the Government-controlled urban areas. Only in some instances were the mobile vaccination teams able to intervene in the non-controlled areas with the help of religious leaders. The control of diarrhoeal diseases (CDD) programme, with the distribution of packets of oral rehydration salts (ORS), continued in all Government-controlled provinces. The UNICEF outreach programmes beyond Kabul encouraged other United Nations agencies to look into possibilities of extending their projects to some of those provinces.

14. During the latter part of the year, UNICEF accelerated its emergency co-operation with the aim of being ready to move into full-scale programme action once the prevailing restrictions on the presence of United Nations agencies are lifted. Given the situation, it is difficult to single out any programme for specific critical review, and in spite of heroic efforts by many, much remains to be done.

B. Bhutan

15. The 1988 national review of the expanded programme on immunization (EPI) revealed a remarkably high coverage rate of 67 per cent of children under one year old being fully immunized. The establishment of more than 300 EPI outreach clinics has brought some 80 per cent of the population into contact with health workers. This has led to the introduction of a more comprehensive series of services,

including antenatal care, growth monitoring, the treatment of diarrhoea, deworming and concerns for water and sanitation.

16. The National Assembly has also committed the country to a major campaign against malnutrition through improved food production and weaning practices, and supported by growth monitoring. The decentralized participatory strategy for primary health care (PHC) based on the EPI experience is becoming the national standard. A first attempt has been made to mobilize the Buddhist monk community for PHC efforts.

17. There were promising experiences in the field of primary education. However, much remains to be initiated and further strengthened in linking water programmes to health concerns, in designing appropriate and culturally acceptable strategies for the improvement of sanitation and for strengthening maternal and child care, proper child delivery practices and safe motherhood.

C. India

18. In terms of convergent services, technical services and awareness and capacity-building, the broad approach of the current plan of operations appears sound in the light of past experience. The country has the capacity and is preparing for universal coverage in the next 5 to 10 years by establishing basic interrelated services for women and children in both rural and urban areas. A complementary approach that is likely to be adopted concerns a special focus on least-served districts selected by such criteria as low female literacy.

19. In terms of performance, results have been uneven. UNICEF co-operation is strongest in the areas of water supply and immunization. The water and sanitation programmes, however, need urgently to strengthen the sanitation components and to establish much closer links with both health and education programmes.

20. The phased implementation of the universal child immunization (UCI) programme reached all of India's 436 districts, making EPI universal. The 143 districts added to the programme in 1989 are the most difficult, underdeveloped and remote in the country. The 1989 national EPI review has shown extensive progress, with immunization coverage rates of more than 60 per cent generally and over 80 per cent in some parts of the country. Although coverage for measles lags behind, tetanus toxoid coverage may be one of the highest in the world with a verified 76 per cent coverage throughout the nation. A major thrust is needed throughout 1990 to achieve the UCI goal.

21. An important goal of the 1989 immunization review was to determine the impact of EPI activities on the range of PHC services and the perception of those services by the community. In those communities where it had been in place for two to three years, EPI was seen by workers and community members alike as a definite improvement both in service and in the relationship between communities and the government health system. Already, the Government of India has taken steps to broaden this programme. CDD activities have been initiated in the EPI districts as a parallel and supporting activity in 1989. UNICEF is now assisting the Government in 15 States to establish the diagnosis and treatment of acute respiratory

infections through the same mechanism of community outreach services, in combination with immunization. Meanwhile, immunization services have been broadened to include the distribution of iron folate tablets to women during pregnancy to respond to the near universal problem of anaemia. Vitamin A has also been added to the immunization schedule. Thus, EPI in India is proving to be the focal point for expanded and increasingly comprehensive PHC services.

22. Women in development appeared as a subject for the first time in the sixth five-year plan (1980/81-1984/85) and has steadily gained momentum. UNICEF has played a role in elevating this as a priority concern through advocacy and programme co-operation. The organization has played a similar role in helping to focus attention on childhood disabilities and the problems of children in an increasing variety of difficult circumstances.

23. Education and the integrated child development services are two programme areas that are basic to the future of the Indian child. There are a number of reasons why UNICEF has not been able to be as effective in supporting these programmes as planned. The tasks involved have been difficult to achieve because of the wide variations in needs and resources within the country which require State-specific, if not district-specific, approaches. UNICEF will take up this challenge in the next plan period.

D. Maldives

24. Maldives achieved UCI in 1989 - one full year ahead of global target. The coverage of tetanus toxoid immunization in women 15 to 44 years of age is 80 per cent. The country plans to eliminate neonatal tetanus by 1995. No cases of residual polio have been reported since 1986, and with over 85 per cent immunization coverage with oral polio vaccine (OPV), the stage is set for the eradication of poliomyelitis before the year 2000.

25. Having achieved UCI through a mobile team approach, Maldives has expanded the functions of this team to cover a wide array of PHC activities and is now attempting to decentralize most of its PHC services through a strategy focusing on broad promotion. The systematic weighing of children has become a regular health activity on each island, with increased concern for the growth of adolescent girls and for the increased involvement of girls and women in overall development activities. The next five-year plan includes integrated activities based on decentralized and increasingly self-reliant women development centres.

E. Mongolia

26. In Mongolia, immunization coverage, supported and completely managed by the Government, improved over previous years and now exceeds 80 per cent for each antigen.

27. UNICEF assistance to Mongolia during 1989 focused primarily on the Ministry of Health diarrhoea management programme. Considerable progress has been made in training health workers in oral rehydration therapy (ORT) and in establishing ORT

units at health institutions throughout the country. In addition, a public information programme was initiated using the press, radio and television and supported by programmes in schools and creches. All of those activities have resulted in a reduction in diarrhoea morbidity and mortality levels nationally.

28. Looking ahead, nutritional problems are of considerable concern to the Government, and future assistance will focus on improving infant and child nutrition, building on the success of the diarrhoea management programme. The initial task will be to document the extent of nutritional problems, their causes and possible solutions, which are presently ill-defined.

F. Nepal

29. In Nepal, adversity may well be the mother of invention. With the difficulties experienced during the past year due to the lack of petrol and kerosene, EPI, after an initial setback, has continued to reach the most remote areas through innovative means of transporting vaccines. As of end June 1989, the following immunization coverage rates were reported: 92 per cent for anti-tuberculosis vaccine; 72 per cent for three doses of combined diphtheria, pertussis and tetanus vaccine; and 72 per cent for three doses of OPV. Although it will be difficult to reach UCI by 1990, the integration of services is well under way and will contribute to the establishment of a sustainable system.

30. Encouraging results have also been obtained with regard to the implementation of other components of the health sector programme such as the control of iodine deficiency disorders (IDD), the training of traditional birth attendants, the essential drugs programme and health personnel development. The latter activity includes the training of new cadres of female community health volunteers and maternal and child health workers who will be located in every village or ward in the country by mid-1992.

31. UNICEF support to the education sector focused on two major targets: (a) increasing access to relevant and quality education for children and adults; and (b) increasing educational opportunities for girls from disadvantaged and remote areas. The principal concern has been on how to move to scale with the successful elements of ongoing projects.

32. In the field of water supply and sanitation, implementation activities continued despite fuel shortages and continuing reorganization activities that began last year at the ministerial level and continued to regional and district levels during the year under review. In the community water supply and sanitation programme, 62 per cent of the planned targets were achieved, although the sanitation component continues to be weak.

33. Convergent services continued to expand both quantitatively and qualitatively. Emphasis has been placed on the formation of more women's credit groups and on the expansion and intensification of female literacy programmes.

G. Sri Lanka

34. Amidst a year of terrible setbacks due to civil unrest and political uncertainty, the commitment of the Government of Sri Lanka to immunize has resulted in a declaration of UCI in 1989. This was verified by a well-designed record-keeping system. The next challenge will be to increase coverage in each district to 80 per cent.

35. Diarrhoeal diseases continue to be the leading cause of morbidity and mortality of infants and children in Sri Lanka, although admissions to hospitals and clinics show some decline this year. The national ORT/CDD programme has adopted a two-pronged approach: (a) the prevention of dehydration through the use of home-based fluids; and (b) the treatment of mild and moderate dehydration through the use of locally-produced ORS.

36. Malnutrition among infants, pre-school children and mothers remains the greatest social problem. The Government now realizes the serious implications of the problem, although the need to act immediately and adequately appears to be under-estimated at the highest policy level. IDD and anaemia, growth monitoring, birth-weight surveillance and nutrition communication continue to receive priority UNICEF support.

37. A series of efforts to reduce maternal deaths and morbidity through improved maternal health care activities have been initiated. Pregnancy and its complications still constitute a major cause of death and ill-health among Sri Lankan women between 18 and 44 years of age. National-level concern in this regard has led to the formation of a task force by the Secretary of Health to monitor and investigate maternal deaths.

38. In education, the very positive data which are reflective of gross averages of national levels of achievement obscure pockets in the country where serious problems exist. Of an annual enrolment of 390,000 children, 300,000 leave the school system before their "A" level examination, and about 50 per cent of these are added yearly to the pool of unemployment. UNICEF continues to support activities for disadvantaged schools and non-schoolgoers, while facilitating the inclusion of these target groups into the mainstream of national educational policies and programmes. The high literacy rate may face the risk of backsliding, and it will be important to document not only how many are recorded as literate, but how many can actually read and write.

III. PROGRAMME IMPACT

39. Throughout the region, it has been possible to note continuously increasing attention being paid to child-related issues at the policy and planning levels. There have been impressive results in the area of PHC in terms of both improved outreach and increased capacity.

40. Coverage has improved in the area of water and sanitation. In India, in particular, the UNICEF programme of co-operation has resulted in technological self-reliance at all levels of hardware requirement. In fact, India has become a

major exporter of water technology - from hand-pumps to high technology drilling rigs.

41. Literacy, with all the weaknesses indicated in some of the country highlights above, is increasing both in absolute numbers and as a proportion of the population, although it is still lagging for women. Thus, adult literacy in India has increased from 36 per cent in 1981 to 46 per cent as reported in a recent survey. The same positive change processes are noticeable in women in development and urban basic services programmes. The trend in all these fields is clear, although progress is slow. UNICEF can also note that, as an impact of its co-operation, there is an increasing awareness of the importance of the human dimension in development and of the need to employ people and community-based strategies if the real impact and sustainability of efforts are to be achieved.

IV. OPPORTUNITIES FOR FUTURE UNICEF ACTION

42. Given the magnitude of the unmet needs of the poor in the region and the UNICEF experience in the 1980s, a search for new or deepened and broadened strategies has become necessary.

43. Intensive consultations both within and outside UNICEF have been held during the past 18 months. Some of the recommendations are summarized below as a regional set of opportunities for action.

44. There is a growing understanding of the causes of basic human problems and of the inherent capacity of communities to solve them through participatory processes for expanding the horizons of knowledge, communicating more freely, mobilizing resources and organizing community structures to define and meet their basic needs. Current experience in the countries of the region gives the hope that national planning can be influenced by initiatives from the grass-roots level through the mediation of sensitive elements in the field of voluntary work and government intervention and support. In such a scheme that focuses primarily on rebuilding human lives and capacities, it should be possible during the 1990s to establish networks of services jointly with communities to meet their basic needs and to mobilize both local and national resources towards a more self-reliant and sustainable development.

45. Existing systems can be activated, revitalized and steadily transformed to yield sustainable results for the poor. For example, the promising experience in mobilizing for immunization and, to an extent, for CDD, has contributed to strengthening the PHC system. This should be vigorously pursued to ensure that PHC in universally accessible, especially with regard to the health needs of mothers and children. In this context, it is possible to introduce certain specific interventions of immediate relevance such as the provision of iron, iodine and vitamin A through existing channels.

46. Community participation in water management has made a technical start and can be expanded to ensure quality as well as increased access. Community groups increasingly decide on location, accept responsibility for maintenance and extend services to those most in need.

47. Education, especially literacy, primary and pre-primary learning, as well as the allied efforts to accelerate relevant learning for all, can and must be central to any development strategy in the region, which is rich in human resources. There are also real possibilities for turning the educational facility - be it school, informal training centre or other mechanism - into a centre for village development and for group activities centred on other concerns of the community.

48. The process of enhancing awareness through social communication and the transfer of information, knowledge and skills must be accompanied by imaginative efforts reaching and based in the community. Without that, all the other efforts are bound to fail. Positive examples of qualitative success exist in the region, strengthening the prospect of their extension, given the policy support.

49. Building on different country experiences in government and non-government sectors, it should be possible to promote integrated approaches at the village and slum levels and the notion of local responsibility for child care, pre-school education, early stimulation through social interaction between children and between adults and children, nutritional support at critical growth stages and socially relevant productive and creative activities.

50. In an effort to strengthen such opportunities, there is a move towards decentralization throughout the region, which presents a new opportunity for a people-based approach to child survival, protection and development and for a revitalized community management approach during the coming decade.

51. Learning from different country experiences in the region and South Asia, it should be possible to use social communication and community mobilization as a major instrument to achieve goals for children, women, families and communities. There is an unprecedented opportunity for mutual learning and co-operation in South Asia in promoting basic education, nutrition, health and sanitation.

52. There is the need and scope for another approach to poverty so that anti-poverty programmes are not divorced from mainstream national economic planning. Rather, the latter can be adopted to support the effort to reduce poverty. Although the magnitude of the problems is staggering, UNICEF can contribute constructively by focusing on the most deprived and by working to reduce disparities in the most crucial areas of basic needs.

53. Cutting across all sectors and all problem areas, the great challenge for the next phase of UNICEF development co-operation is to reach the women at all stages of their lives - from the girl child to the adolescent girl, the expecting and nursing mother, and the mother.

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PROGRAMME DEVELOPMENT IN THE MIDDLE EAST AND NORTH AFRICA

SUMMARY

This document provides an overview of UNICEF programme co-operation in the Middle East and North Africa region during 1989.

The UNICEF regional office has responsibility for UNICEF co-operation in the following countries and territories: Algeria, Bahrain, Cyprus, Democratic Yemen, Djibouti, Egypt, Iran (Islamic Republic of), Iraq, Jordan, Kuwait, Lebanon, Libyan Arab Jamahiriya, Morocco, Oman, Qatar, Saudi Arabia, Sudan, Syrian Arab Republic, Tunisia, Turkey, United Arab Emirates and Yemen, as well as the West Bank and Gaza.

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INTRODUCTION

1. Judged for their impact on children and women, the political and economic developments of the past year (October 1988-October 1989) in the countries of the Middle East and North Africa (MENA) region were a mixture of reconciliation, beginnings, set-backs and continuity. It was not a year of discernibly big trends or catalytic actions, such as the 1988 Islamic Republic of Iran-Iraq cease-fire, which had strong normalizing effects well beyond the borders of those two countries, or the 1987 infant mortality reduction resolution of the Arab Health Ministers, which pointed their countries towards an unprecedented target deadline.

2. Last year, the closest thing to those events was the resumption of diplomatic relations between Egypt and neighbouring Arab countries. That reconciliation has helped to make the child survival example of Egypt - its leading performance in both the expanded programme on immunization (EPI) and the control of diarrhoeal diseases (CDD) - a more widely accepted model for other Arab countries. The country's reasserted standing has also provided a vital momentum to the Convention on the Rights of the Child, for which it has been the key mobilizer among Arab countries.

3. The cease-fires in the Sudan and Lebanon would have eclipsed other events if they had proved to be stable and deep-rooted. Still, they offered hope for the future. Operation Lifeline Sudan contributed to the cessation of hostilities, and despite all the constraints, it saved the lives of over 250,000 Sudanese. In Lebanon, children who had participated in multi-sectarian summer camps held a mass rally the day of the cease-fire.

4. One favourable trend visible throughout MENA during the reporting period, with the possible exceptions of Lebanon and the occupied territories, was the continued rapid decline in infant mortality. As in Egypt, the key elements of this region-wide infant mortality rate (IMR) reduction were immunization, which reached an average coverage of about 75 per cent for the marker vaccines, and oral rehydration, spurred most recently by a region-wide summer anti-dehydration drive. The decline in IMR was also in part a data-collection phenomenon, a result of greatly accelerated IMR measurement activity in the region over the past two years. Thus, it was a belated reflection of a decade of unpublicized, solid improvement in general health conditions.

I. POLITICAL AND SOCIO-ECONOMIC TRENDS AFFECTING CHILDREN

5. The economic forces affecting children and mothers in the region have not eased. Per capita income is either stagnant or declining in all countries. Except in Iraq, where energetic reconstruction marks the start of recovery, there has been no improvement of the quality of life in any country. As a rule, none of the poor to economically modest MENA populations - those which need the most protection - are more able now to make ends meet than at the end of 1988. In fact, most are in worse shape.

6. The recession in Jordan has created a climate of austerity more serious than has been seen in a generation. Algeria is struggling to cope with a severe shortage of consumer goods. Tunisia is striving to support its economy through tourist income - and the past year was a bad one for the tourist business. The Syrian Arab Republic has not recovered from its slump. Turkey and Morocco, until this year the region's strongest (macro-economically) outside the Gulf, are experiencing problems on the household budget level. Prospects are improving for Democratic Yemen, although the modest oil boom is still too new to have funneled any money down to the people. Yemen, which is poorer, still has not tapped its share of the subterranean oil lake sprawling beneath the border of the two countries. The more affluent Gulf countries have long since reined in their spending and are advancing carefully with restrained budgets.

7. The debt situation and overall economy of the Sudan have deteriorated further, and even in the areas unaffected by conflict, basic commodities are in short supply. The economy of Lebanon has been paralysed by civil war, inflation has continued to skyrocket and even basic needs for survival are difficult to fulfil.

8. In general, rich and poor countries in the region have become sharply more cost-conscious. However, the reluctance of the Government to spend money, the burdens on the middle class and the urgent situation of the poor have not measurably slowed the decline of child mortality and disease incidence. Yet, the poorer countries are clearly at risk.

9. Counterbalancing the spectre of greater austerity ahead is the clear emergence of greater pluralism, less censorship in some countries and new regional economic groupings that have gone beyond a political façade to co-operative action. Jordan has held its first elections in 22 years, and its parliament will reconvene with enthusiasm for democracy and a public debate on dissatisfaction with the recession. Algeria is preparing for its first free elections since independence in 1962, and the press is also enjoying new freedom to write, speak, import printed matter and form associations.

10. Two potentially important new political groupings have taken shape: the Arab Co-operation Council (comprised of Egypt, Iraq, Jordan and Yemen) and the Maghreb Arab Union (made up of Algeria, the Libyan Arab Jamahiriya, Mauritania, Morocco and Tunisia). Like the older Gulf Co-operation Council, the new groupings have their own ministerial councils in the various sectors and are prospective vehicles for political mobilization to further child survival and development issues.

II. PROGRAMME ANALYSIS

A. Expanded programme on immunization

11. Universal child immunization (UCI) by 1990 came within reach for all but three MENA countries in 1989, and strategies are now in place to help these last three - Democratic Yemen, the Sudan and Yemen - reach the target. In October 1989, each MENA country accepted the challenge of surpassing 80 per cent immunization coverage for all antigens in 1990. Until 1989, only a regional average of 80 per cent had

seemed possible. Democratic Yemen decided on a massive acceleration thrust in 1990. The Sudan will also launch a special thrust early in 1990, and Yemen will continue its decentralization programme.

12. In 1988, countries in the region began regular co-operative exchanges using a strategy that focused on lagging countries and lagging regions or districts within countries. Even countries such as Egypt, with national coverage levels well above the UCI target, have begun improving their low-coverage provinces. There is a keen sense among country programme managers and policy makers, as well as UNICEF staff, that child survival faces its greatest threat from failure to immunize in those districts.

13. In Yemen, where prospects for improvement looked dim in 1988, a nation-wide monitoring system with quick reinforcement for performance in the most neglected districts has spurred unexpected improvements in difficult-to-reach mountain areas. In June 1989, at the World Health Organization (WHO)/UNICEF inter-country meeting on EPI in Rabat, Morocco, programme managers agreed to join forces to assist lagging countries with interregional technical assistance from countries with sustained delivery systems.

14. Individual MENA countries and regional United Nations agencies worked together and succeeded in drawing the region's previously non-involved member, the Libyan Arab Jamahiriya, into the UCI mainstream in 1989. UNICEF and WHO provided the country with advice on strategy and on its purchase of cold-chain equipment. UNICEF worked with the Maghreb Arab Union to accelerate coverage through a simultaneous immunization thrust in all five countries. After the Union's collaborative acceleration day on 14 October 1989, the Libyan Arab Jamahiriya announced its first internationally recognized coverage figures for children under one year old: 100 per cent for anti-tuberculosis vaccine; 84 per cent for three doses of oral polio vaccine and three doses of combined diphtheria/pertussis/tetanus vaccine; and 79 per cent for measles vaccine.

15. The 14 October event spurred the Libyan Arab Jamahiriya and Mauritania to sharply raise coverage levels and helped the other three Maghreb countries to sustain their 80 per cent and higher levels. Through this collaborative UCI acceleration, the five countries exchanged social mobilization material, cold-chain expertise and planning and logistical strategies. Algeria reported 15 per cent rise in coverage at the end of October 1989. Coverage levels for Algeria, the fourth largest country in the region, once they are internationally confirmed, should raise regional averages to the high 70s.

B. Control of diarrhoeal diseases

16. All MENA countries began 1989 with a new common purpose: to reduce child mortality from diarrhoeal diseases at an accelerated rate and to measure the improvement. To achieve those goals, MENA countries would:

(a) Set dehydration case fatality targets for the 1989 season;

(b) Make child deaths from dehydration a major issue with national policy makers and the media;

(c) Develop their own media strategy for the anti-dehydration acceleration;

(d) Ensure that oral rehydration salts (ORS) would be in sufficient supply ready for nation-wide distribution before the summer.

17. At the start of 1988, diarrhoea was known to cause nearly three times as many deaths as all the EPI-preventable diseases, with some 390,000 deaths of children under five years old during 1987 alone. There could be no delay on this front, even while targets for UCI by 1990 preoccupied the region.

18. Results are only now coming in, as countries evaluate the end of the season. Heading the list is Iraq, with 1988-1989 monthly comparisons of case fatality rates showing a sharp drop throughout the season, cutting 1988 rates by more than 50 per cent and showing a near disappearance of the summer peak of child deaths in June and July.

19. Egypt had already reduced infant deaths caused by diarrhoea from 62 to 26 per 1,000 live births between 1980 and 1987. Yet, in 1989, diarrhoea still caused 29 per cent of child deaths in Egypt. In 1989, 21 sentinel sites went into operation all over the country as part of its acceleration, with quarterly reports coming into the CDD surveillance group.

20. In Democratic Yemen, the Syrian Arab Republic and Yemen, with the MENA acceleration came the first sentinel reporting for diarrhoeal diseases to reinforce programme response. UNICEF provided regional consultants to ensure comparable measurement systems.

21. No country, except Yemen, reported any unexpected set-backs in ORS production or supply. Oral rehydration therapy use rates climbed more rapidly in this region than in any other in the world from 1986 to 1988, and were expected to be nearly double their 1986 level by the end of 1989.

22. Pharmacists have proven to be very important to CDD in Jordan, the Syrian Arab Republic, Morocco, Egypt and Turkey. The Government of the Syrian Arab Republic took steps in May 1989, just before the summer diarrhoeal season, to ban all anti-diarrhoeals except one locally produced anti-motility drug. WHO is working with the UNICEF regional office to document this process of incorporating the pharmacists with the aim of producing a world-wide protocol for assessment.

23. Not all action produced perfect results. Sentinel sites failed to get up to speed in Turkey, and in Algeria, the use of the media, although massive, needs to be better focused. Overall, however, the acceleration has raised the dangers of dehydration to a new level of consciousness in the region.

24. A UNICEF regional office consultant is now working on a full technical assessment of the 1989 dehydration acceleration for each country and the region.

C. Emergencies

Operation Lifeline Sudan

25. Problems in the Sudan are numerous and serious - a hostile climate, repeated natural disasters, lack of infrastructure, heavy debt, minuscule export earnings, continuous civil war, gross poverty, huge physical size, wide population dispersion, disrupted services and an alternation between food surpluses and shortages. To prevent another famine like the one in 1988 that took the lives of 250,000 people, Operation Lifeline Sudan was launched in April 1989. It was a massive, six-month, $209 million famine relief programme sponsored by the United Nations, non-governmental organizations (NGOs) and the Government of the Sudan. Operation Lifeline endured armed ambushes, transport breakdowns and delays, ruptured understandings, and, at a critical moment of acceleration, a change of Government. Although it was late in meeting almost all of its delivery deadlines, Operation Lifeline managed to stave off a repetition of the starvation, disease and death of 1988.

26. In addition to saving lives, Operation Lifeline created a model for large-scale humanitarian aid programmes in civil conflict situations. It showed how two parties in a conflict can be enlisted to protect and participate in the delivery of food and medical supplies to non-combatants across battle lines - and can gain stature from it.

27. At the height of its activities, Operation Lifeline Sudan, headed by the Executive Director of UNICEF as the United Nations Secretary-General's Personal Representative, deployed 175 United Nations staff, hundreds of heavy trucks, 22 planes, five 50-wagon trains and a score of barges, each carrying 400 metric tons of supplies. This was in addition to the continuing efforts of various NGOs, notably the International Committee of the Red Cross (ICRC). By early November 1989, 110,000 tons of food and non-food relief items - 95 per cent of the original target set in March - had been delivered for distribution in needy areas.

28. With this success came the sobering realization that peace negotiations had stalled and food self-sufficiency in the affected zones was still a distant dream. Therefore, the operation must be repeated next year, but in a more forgiving time-frame (10 months instead of 6) and with the advantage of experience. Although UNICEF will no longer be the co-ordinating agency, its Khartoum office will still play a key role in Operation Lifeline II.

Children in especially difficult circumstances

Lebanon

29. Until the surprise cease-fire in late September 1989, Lebanon had experienced a year of steady fighting with bombardment levels at their highest in the nearly 15 years of conflict. Although the war has traumatized a generation of Lebanese children, the cease-fire holds the prospect of gradual normalization - the lowering of barriers, an end to daily fear, even the reopening of the schools after a lost academic year.

30. One of the brightest lights of this new prospect is the sweeping popular success during the summer of 1989 of more than 100 UNICEF/NGO-sponsored peace camps, which brought together from all faiths and factions 23,000 Lebanese children 5 to 12 years old - more than 10 per cent of the country's children in that age group - to show through the experience of living together away from the violence that tolerance is preferable to enmity. Some 10,000 youngsters who attended those summer camps were reunited in September 1989, the day after the cease-fire, in a rousing mass gathering for peace and solidarity in the West Bekaa. The summer camps, the September gathering and a UNICEF newsletter written by children have inspired a fast-growing new correspondence across factional lines.

Occupied territories

31. The toll of injuries and deaths among Palestinian children during the intifadah took a sharp upturn during 1989. Gunshot wounds replaced limb fractures as the most common form of casualty. Pressures increased sharply in the UNICEF/United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) physiotherapy centres in Gaza, and UNICEF extended those services to such West Bank towns as Nablus, Jenin and Tulkarem, which rivaled Gaza as centres of violent street conflict. Schools in the occupied territories, closed during the entire previous year, were allowed to reopen. At the end of 1989, classes were still in session.

D. World Conference on Education for All

32. The Arab regional consultation took place from 13 to 16 November 1989, in preparation for the World Conference on Education for All (WCEFA) in March 1990 in Thailand. The Arab region has prepared a plan of action which sets goals for the year 2000, including the universal education of girls and women.

E. Acute respiratory infections

33. Turkey, the first country in the region to take note of the high incidence of acute respiratory infections (ARI) and the first to devise programme strategies to combat them, reported only limited success in 1989. The Government has designed an ambitious and innovative plan of action for 1990 that could set a precedent for other countries of the region. The Islamic Republic of Iran, Egypt and Jordan are also preparing ARI programmes.

F. Convention on the Rights of the Child

34. To prepare MENA countries for the ratification of the Convention on the Rights of the Child, three high-level national meetings were held during the reporting period (in Alexandria, Egypt, in November 1988, in Ankara, Turkey, in May 1989 and in Tunis, Tunisia, in June 1989). The purpose was to bring attention to children's concerns and to initiate discussion of the articles of the Convention. The

meetings attracted heads of State, first ladies and visiting national delegations, making the Convention widely known in most of the countries of the region.

III. COLLABORATION WITH OTHER PARTNERS

35. During the past year, UNICEF co-operation with other United Nations agencies in the region was at its highest level in recent memory. This included jointly implemented tactical field work on a large scale with an intensity reminiscent of the global smallpox eradication campaign of a decade ago. The results were uniformly good, and the learning experience was invaluable.

36. Joint efforts took place throughout the region as follows:

(a) In the Sudan on several fronts, with the United Nations Development Programme (UNDP), the World Food Programme and the Food and Agriculture Organization of the United Nations, all under the aegis of Operation Lifeline Sudan;

(b) In Gaza and the Palestinian camps with UNRWA;

(c) In Afghan refugee areas in the Islamic Republic of Iran with the Office of the United Nations High Commissioner for Refugees;

(d) With WHO at the planning level of the two regional offices (Amman and Alexandria) and in most of the individual countries for joint cluster surveys, baseline measurements and joint acceleration efforts such as the August-September preparation in the Libyan Arab Jamahiriya for the Maghreb vaccination launching;

(e) In all the Arab countries of the region with the United Nations Educational, Scientific and Cultural Organization (UNESCO), UNDP and the World Bank in a regional gearing up, beginning in June, for WCEFA in Thailand;

(f) In Bahrain, Egypt, Jordan, Morocco and the Sudan, as implementation began on the action-oriented national primary school health programmes sponsored jointly with WHO and UNESCO.

37. Joint work with the League of Arab States continued, intensifying in the last half of the reporting period, especially in joint data-gathering projects. UNICEF worked closely with ICRC in Operation Lifeline Sudan. Across the region, collaboration continued with such NGOs such as the Red Crescent, Save the Children, Irish Concern, the Hariri Foundation, World Vision and Médecins sans frontières.

IV. NEW INITIATIVES

38. The quickened process of interactive idea sharing and mutual agreement within the region on priorities for the 1990s has led to new initiatives, not only among those countries with programmes being submitted to the 1990 Executive Board, but also in every country of the region where there is a UNICEF office. Objectives for the 1990s are:

(a) To raise concern for the welfare of the girl child to the same level given to UCI;

(b) To give maternal mortality reduction the same advocacy and focus as that given to infant and child mortality reduction;

(c) To make children in especially difficult circumstances priority programme concerns by taking a more pro-active stance.

39. The seeds of high maternal mortality, excessive child-bearing burdens and low literacy are sown in early childhood. The consistent pattern of neglect and discrimination against the girl child in education is on the agenda of the Arab States Education for All, and the Arab League and the Arab Council for Childhood and Development are planning a 1990 region-wide consultation on the girl child.

40. Neglect of maternal mortality stands in sad contrast to achievements in the region in reducing child mortality. On average, women in the region have more than five live births with nearly one half occurring at high-risk ages, both too early and too late. Births are also too frequent, with short birth intervals endangering both child and maternal health. UNICEF has begun using the same targeting, measurement and advocacy strategies for maternal mortality reduction that have worked so well in this region for child survival.

41. There are encouraging early indications that fertility has begun to decline in some countries, and a study of the relationship of fertility to the regions rapid child mortality decline may be worth while. For example, Egypt, which has one of the region's highest population growth rates, has shown a decline from a total fertility rate of 5.0 in 1980 to 4.4 births currently.

V. MONITORING AND EVALUATION

42. In most countries in the region, routine monitoring systems for immunization are now in place for reporting and management, providing feedback to policy makers with only an average two-month lag time. UCI by 1990 has played a key role in generating a whole series of locally produced and used programme monitoring and evaluation techniques in ministries of health.

43. The need of policy makers and programme managers to know where they stand has shaped the UNICEF approach to tracking the key indicators of infant and child mortality. In view of the Arab Health Ministers' commitment to reducing infant mortality by one half over the 1980-1990 decade, it is urgent that trends for the time period are established. UNICEF is pursuing the following three-way strategy to help countries produce up-to-date estimates:

(a) The use of a simple, reliable tool for mortality surveys in countries where there are no recent estimates or unexploited sources for estimates. This strategy has contributed a new measurement tool that has been adopted by the WHO CDD programme. The new WHO Household Survey Manual for Diarrhoeal Morbidity and Mortality will become available world-wide in 1990, with simple, comprehensive

instructions so that any programme manager can use it. The use of this tool has produced new estimates for countries where actual developments did not coincide with existing estimates (Jordan, the Syrian Arab Republic, the Islamic Republic of Iran and Oman). It has also produced the first national estimates for countries where existing estimates are tenuous, such as Djibouti and Democratic Yemen;

(b) The use of national sources for the rapid analysis of new data. This strategy has produced a series of new estimates for Turkey and Egypt from censuses, national surveys and vital statistics;

(c) Support to ongoing national surveys to accelerate their production of results. This strategy has produced new estimates for Tunisia and all seven of the Gulf countries, with the Sudan scheduled to register new estimates in early 1990.

44. All countries of the region will have the latest data for the Third United Nations Development Decade when the Arab Health Ministers convene in 1990.

45. These actions have produced other benefits. The measurement of diarrhoeal mortality and morbidity is increasing, following closely the progress achieved in EPI. This measurement device, with no added overload on field work, can also produce fertility estimates. Child-bearing, especially the lag time between child mortality and fertility decline, is a central issue in each MENA country's growth horizons. Maternal mortality can also be measured with this simple survey tool by adding a few questions. In Djibouti, this produced the country's first maternal mortality estimates in 1989, which turned out to be three times higher than previously estimated. All countries in the region plan to replicate this measurement procedure for maternal mortality in 1990, as maternal survival and health moves to the centre of region-wide concerns.

46. Throughout 1989, measurement teams from ministries of health and UNICEF field offices were trained. Jordan, the Syrian Arab Republic, Lebanon, Turkey, the Sudan, Djibouti, the occupied territories, Democratic Yemen and Iraq all participated in special training sessions. A mini-session on the surveys of the Islamic Republic of Iran took place in Damascus, Syrian Arab Republic, and a region-wide workshop in Cyprus is scheduled for November 1990.

47. Some of the work in this area has been supported by the new global child monitoring fund. Since the principal objective is affordable, replicable local tools, only modest financial support from this fund was needed.

VI. OFFICE MANAGEMENT

A. Restructuring of the regional office

48. In preparation for the challenges of the 1990s, the MENA regional office reorganized programmes, operations and external relations.

49. An area office was established to be responsible for several sub-offices. Through training and technical support, many of the functions that had been performed by the regional office have been decentralized to the sub-offices.

50. The restructuring is in place, and is working well. Many of the posts that were vacant in 1989 will be filled by early 1990.

B. Training

51. Regional training workshops and "self-learning" were major features of MENA activity this year. They sometimes strained the capacity of even larger country offices to respond to opportunities and still carry on their own work programmes. The training programmes proved to be more efficient by confining major topics to the main regional thrust - child mortality reduction, diarrhoeal diseases and EPI. The MENA regional office organized its own regional communication workshop in February 1989, with communication officers from every country office, except Djibouti and Iraq, arriving with action plans for the 1989 summer acceleration. One month later, in March 1989, Amman hosted the first global CDD workshop.

52. In November 1989, at this writing, a workshop on the measurement of child mortality is scheduled to take place in Larnaca. All materials have been developed by the regional office for training UNICEF programme staff in the measurement of childhood mortality. Lessons learned will be available for replication world-wide.

53. Improving operational management is another important regional thrust. Hands-on training in the preparation and monitoring of programme expenditures took place in Amman in October 1989. A global field support system workshop took place in Ankara during October 1989. Two workshops in operational management, one held in Cyprus during June 1989 on finance and budget, the other in September 1989 in Rabat on personnel and management, have greatly strengthened management skills throughout the region. All Amman staff participated in in-house training in the performance appraisal system and in the new "Writing in UNICEF" package.

54. Throughout the entire year, there has been basic and advanced training on microcomputers in the regional office and in many country offices.

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EMERGENCY OPERATIONS IN 1989

SUMMARY

This document reports on emergency operations in 1989. The interventions reported herein took place in 39 countries in Asia, Africa, the Middle East and North Africa, and the Americas and the Caribbean regions. This report also includes a major section on the large-scale emergency operation in southern Sudan - Operation Lifeline Sudan - the largest and most ambitious relief operation in terms of targets and time-frame, and the most difficult due to the number of hurdles and inherent problems. Funding assistance totalling $54.4 million was received in 1989 for emergency activities and is detailed in the annexes.

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INTRODUCTION

1. The most significant focus of the operational response of UNICEF to the unmet needs of vulnerable groups in emergency situations in 1989 centred on the special situation in southern Sudan, where both floods and drought, leading to food shortages, were exacerbated by epidemics and long extended conflict. This resulted in destruction, inaccessibility and displacement. A large-scale emergency operation in southern Sudan (Operation Lifeline) received significant UNICEF support over the past year and is described in detail in chapter IV of the present report.

2. UNICEF participation in emergency relief operations in 1989 continued at an unprecedented level. During the past 12 months a number of countries have been affected by a variety of both natural and man-made disasters. Drought, floods, hurricanes, epidemics and crises caused by economic situations created destruction and disruptions that were set against the endemic hardships of the silent emergency of poverty and underdevelopment. In addition, the increasing impact of civil strife and political instability persisted in many countries, with costly human consequences, impeding implementation of relief and development and causing major external as well as internal population displacements. Afghanistan, Angola, Ethiopia, Lebanon, Mozambique, Somalia, Sri Lanka and the Sudan are major examples.

3. The plethora of emergencies affecting the world demanded UNICEF and donor intervention. Responding to the challenge, and incorporating lessons learned from previous emergencies, UNICEF had increasingly shifted emergency relief and rehabilitation actions to focus, to the extent possible, on interventions substantially linked to long-term child survival and development (CSD) initiatives such as immunization, water supply, the promotion of oral rehydration therapy/control of diarrhoeal diseases (ORT/CDD), nutrition surveillance and household food security and women's activities. Increased support to long-term CSD activities, strategic collaboration with other United Nations agencies, donors and non-governmental organizations (NGOs), support to preparedness and early warning initiatives, a new focus on meeting the psychological needs of children as victims of war and disaster, and advocacy and programme support to children caught in the cycle of war and civil strife were examples of the attempt to achieve a link between emergency relief and rehabilitation.

4. In 1989, emergency relief assistance to 15 countries (in Africa, the Americas and the Caribbean, Asia and the Middle East) hit by natural disasters, epidemics and man-made crises was authorized from the Executive Director's Emergency Reserve Fund in the amount of over $2.6 million in response to unforeseen and unmet survival and rehabilitation needs of children and women (see annex I). In addition, a total of $481,000 was diverted from regular programme funds (in cash or supplies) to provide a rapid response to emergency situations in 16 countries, and cash contributions were received for emergency relief operations in 21 countries (including outstanding appeals) totalling $51.3 million.

5. A total of $54.4 million was received from all sources of funding for emergency operations in 39 countries during 1989 (see the table below).

Funding received in 1989 for emergencies by geographical region a/

(In thousands of United States dollars)

Funding source	Africa	Americas and the Caribbean	Asia	Middle East and North Africa	Total
Emergency Reserve Fund b/	720	324	600	847	2 641 c/
Diversions	226		101	134	461
Special contributions (including major appeals d/)	15 322	104	7 228	28 645	51 299
Total	16 268	428	7 929	29 626	54 401 c/

a/ Includes Operation Lifeline Sudan. See annexes I, II and III for details.

b/ The 1989 allocation of the Emergency Reserve Fund was $4,000,000 (see document E/ICEF/1989/P/L.34).

c/ Includes the release of $150,000 for headquarters' project support to strengthen management response capacity for emergencies.

d/ Includes ongoing major appeals for Afghanistan, Angola, Ethiopia, Mozambique, the Sudan (displaced and Operation Lifeline), Iraq and the Islamic Republic of Iran.

6. UNICEF responded to 13 weather-related emergencies (typhoons, floods, hurricanes), 11 epidemics, 14 armed conflict situations and 2 economic emergencies.

I. PROGRAMME OVERVIEW

7. To the extent possible, programme action has concentrated on accelerating and expanding rehabilitation and development activities for children of affected populations that have the long-term benefit of reducing their vulnerability to future emergencies.

8. In every country setting, UNICEF input, whether or not it is jointly implemented, is planned in close collaboration with all other agencies so as to form a rational component of multisectoral programmes linked from inception to rehabilitation and development. In addition to emergency surveillance systems in

the context of early warning systems, integrated projects for child nutrition were developed using diversified and creative approaches adapted to each country situation. In many cases, projects included agricultural inputs to ensure family food security and the revitalization of local economies, with particular attention given to women farmers.

9. Increasing attention is being focused on feasible and meaningful ways to assist children affected by man-made crises such as war and civil strife.

10. Noteworthy inroads are also being made in addressing the psychological needs of children suffering from both immediate and long-term emotional problems and physical disability caused by natural and man-made disasters.

11. In accordance with its mandate to assess requirements and provide assistance or relief, rehabilitation and development to children and families, UNICEF has utilized its country programme framework to respond to the needs of displaced families in co-operation with national Governments and in collaboration with the United Nations Resident Co-ordinator, other United Nations agencies and NGOs.

II. EMERGENCY INTERVENTIONS LINKED TO DEVELOPMENT

A. Epidemics

12. In response to serious outbreaks of meningococcal meningitis, which reached epidemic proportions in Benin, Ethiopia, the Gambia, Morocco, the Sudan and the Syrian Arab Republic, emergency actions were taken by UNICEF in the planning, supply and implementation aspects of massive vaccination campaigns. Benin, Ethiopia and the Syrian Arab Republic received assistance from the Emergency Reserve Fund, while regular programme funds and special contributions were used to respond to the crises in the Gambia, Morocco and the Sudan.

13. A similar approach was followed in responding to measles outbreaks in El Salvador and Guatemala. Both countries received allocations from the Emergency Reserve Fund, as well as funding from special contributions.

14. Angola, Mauritania, Mozambique and Nigeria experienced sporadic outbreaks of cholera and severe diarrhoeal diseases. UNICEF responded immediately to (a) treat the affected victims with oral rehydration salts (ORS) and antibiotics; (b) control the spread of the diseases through the provision of sanitation facilities and clean water; and (c) prevent future outbreaks by training community health workers in methods of control and prevention. These interventions were financed from the diversion of regular programme funds.

15. In Asia, UNICEF responded to outbreaks of dysentery in the Lao People's Democratic Republic and Sri Lanka with the provision of drugs authorized from existing regular programme funds.

B. Weather-related emergencies

16. Typhoons, hurricanes and floods added to the human suffering of vulnerable groups in Angola, the Caribbean, the Comoros, Democratic Yemen, Djibouti, Mali, Malawi, Mauritius, Somalia, Sri Lanka, the United Republic of Tanzania, Viet Nam and Zambia. In each case, UNICEF ensured that the immediate relief and survival needs of children were met, if not by UNICEF then through collaborative actions with other sources. More importantly, the bulk of emergency assistance from UNICEF was directed to the rehabilitation of essential services damaged during the disaster and to augmenting and accelerating development programmes in the affected communities. This involved the repair and restoration of basic health and sometimes educational services and water supply, combined with CDD and immunization. Interventions in the Caribbean, where the worst hurricane in a decade hit the north-eastern islands, and heavy flooding in Democratic Yemen caused by torrential rains, were financed by releases from the Emergency Reserve Fund. The other assisted countries received funding from regular UNICEF programmes.

C. Armed conflict emergencies

17. Conflict situations, exacerbated by economic strife, continued to affect the lives of children in some 40 countries, most of which have ongoing UNICEF regular country programmes.

18. The emergency and rehabilitation component of UNICEF assistance continued in Afghanistan, Angola, Ethiopia, Lebanon, the Islamic Republic of Iran, Iraq, Mozambique, Namibia and the Sudan, where all sectors remained severely affected by war and destabilization (e.g., agriculture, logistics, health and water). Ongoing UNICEF emergency appeals totalling $195.8 million for those countries within the United Nations system-wide appeal or launched independently by UNICEF received a total of $107.8 million, with a total unfunded balance of $88.0 million (see annex III).

19. A particularly grim situation has been festering in several East African countries. Recurring droughts, floods and epidemics, fueled by civil strife and characterized by internal displacement spilling across borders between Ethiopia, Malawi, Mozambique, Somalia, the Sudan and Zimbabwe, generate refugee as well as returnee problems. The recent tragedy in Mauritania and Senegal added to the list. Although major destructive consequences of drought, particularly in Africa, were avoided in 1988 owing to prompt responses and adequate rainfall, UNICEF has had to adapt and increase its responses in support of women and children displaced by war.

20. In Mozambique, assistance was provided to maintain and rehabilitate basic health and water facilities and to accommodate displaced families. Through a Quick Action Response Capacity Fund, health and nutrition supplies, training and information were provided rapidly to displaced families in accessible areas. With the focus on sustaining household food security, UNICEF also provided the means to recommence food production activities.

21. In Angola and Ethiopia, UNICEF has supported the rehabilitation of drought and famine victims in pocket drought areas and relief assistance to displaced persons. Based on a major needs assessment and reprogramming exercise undertaken in 1988 by the UNICEF Luanda office, 13 emergency projects were formulated, encompassing health, water, supplementary feeding and relief and survival interventions, with a new emphasis on training and rehabilitation. In Ethiopia, UNICEF efforts in 1989 focused more on rehabilitation than relief as a step towards more longer-lasting development of drought-affected areas and included small irrigation projects and credit for income-generating activities for women. Complementary activities included supplementary feeding, primary health care (PHC), sanitation and other relief and rehabilitation programmes to benefit the displaced populations and assistance to refugees in Sudanese and Somali camps in western and eastern Ethiopia.

22. In addition, the situation in Ethiopia has deteriorated again, particularly in Eritrea and Tigray, where the impact of drought and population displacement was established to be more severe than in 1984-1985. The failure of the 1989 harvest, as well as the widening hostilities, have gravely affected over 2 million people. To meet urgent needs and to avert large-scale loss of life, UNICEF appealed for donor support in the emergency medical, water supply, supplementary feeding, shelter and other relief sectors in the total amount of $9 million. A release of $500,000 from the Emergency Reserve Fund was authorized to initiate quick response within the context of total programme requirements.

23. Persistent security situations in the north and civil disturbances in Mogadiscio and along the southern border exacerbated the dire economic situation in Somalia. Regular UNICEF programme activities experienced a major set-back. Assistance to the northern regions was confined to limited emergency relief activities. Additionally, UNICEF, as well as other agencies, had to deal with the security situation of their staff. A small section staffed by Hargeisa sub-office personnel was set up in Mogadiscio to carry out the emergency operation. Despite those constraints, UNICEF has continued its development programmes, adapting them to the situation and to the general conditions of a country in strife.

24. Similarly, Lebanon and Sri Lanka made every effort to continue their activities despite the political and security situations, but inevitably had to focus more on the priorities of children in armed conflict situations, including assistance to the internally displaced for emergency relief aid and the maintenance of essential services such as health care and water supply, as well as special initiatives to address the rehabilitation needs of the physically disabled and war-traumatized children. In Sri Lanka, a pilot special education and community-based rehabilitation programme for the disabled, as well as the development of designs for the mental development of children in conflict areas, were initiated. In addition to emergency relief activities focusing on water supply, assistance to displaced people and health interventions, as well as ongoing programmes in immunization and primary health education, UNICEF initiated an innovative "peace-building activity" of "Education for Peace" in Lebanon by organizing 105 summer camps for more than 25,000 children from various communities across all front lines and by training 1,000 young monitors.

25. Furthermore, during the period, the expansion of pilot projects in education in a locality in the Gaza province of Mozambique characterized the overall social rehabilitation programme of children as victims of war. UNICEF worked closely with the Government in a programme to detraumatize the children who were psychologically wounded by watching or participating in the tragic events of the country. The training of 1,700 teachers (17 per cent of the targeted teachers) in the pedagogy of traumatized and war-affected children now covers 10 provinces, doubling its coverage from 1988. This has also laid the foundation for the continued training of teachers, parents and community leaders by district-level trainers. Provincial and national training teams have now been organized and are prepared to undertake this expansion.

26. In the West Bank and Gaza, UNICEF implemented a physiotherapy project jointly with the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). The goal of the project was to provide immediate medical care for injured children faced with the threat of life-long disabilities from limb fractures as a result of the intifadah (Palestinian uprising). A release of $100,000 from the Emergency Reserve Fund was authorized to initiate urgent actions within the total project requirement of $370,000.

27. An economic and human crisis of considerable proportions confronted Senegal and Mauritania due to communal disturbances that erupted at the beginning of 1989. Although violence itself had ceased, an emergency situation existed in both countries caused by a massive influx of populations from both sides and the need to feed, shelter and provide medical care to the affected. There were also longer-term implications on the socio-economic environment characterized by considerable pressure on food supplies, housing, labour markets and social services. The UNICEF response was similar in both countries: (a) the immediate supply of basic medicines, the vaccination of affected children and health and sanitation education for the returnees and refugees; and (b) the active participation in inter-agency missions sent by the United Nations Secretary-General to both countries to assess the medium-term assistance to returnees and other displaced persons. In addition to the immediate assistance financed against the diversion of regular programme funds and a release of $100,000 from the Emergency Reserve Fund, in Senegal, UNICEF addressed medium-term needs by linking and accelerating existing area-based projects, taking into account the needs of the displaced. In Mauritania, a programme of intervention amounting to $1,096,000 and consisting of three emergency components was prioritized for UNICEF assistance in water and sanitation, health and women's development in villages within the context of the Secretary-General's appeal for $17 million. A release of $200,000 from the Emergency Reserve Fund financed the most immediate needs in the programme of assistance.

28. The upsurge of violence in the Philippines caused by conflicting factions in the military resulted in deaths and injuries of people, many of whom were civilians, including children and youth, and displaced some 50,000 evacuees in the Metro Manila and Cebu City areas. At the request of the Government, UNICEF responded with urgently needed essential drugs, using $25,000 from the regular country programme and $100,000 from the Emergency Reserve Fund. This assistance was co-ordinated with the Departments of Health and Social Welfare and Development.

29. In Iraq and the Islamic Republic of Iran, where the advent of the cease-fire negotiated by the United Nations in 1988 has presented challenges and opportunities in various aspects of national life, UNICEF launched its emergency programme for the rehabilitation of the PHC services network in response to the Governments' extensive reconstruction and rehabilitation of war-affected areas. Implementation of these emergency components, linked to the UNICEF programme of assistance, continued for a second year.

30. Armed conflicts in Afghanistan continued, and UNICEF continues to assist Afghan children wherever they are. To this end, UNICEF activities are implemented in refugee camps in Pakistan, across the border through NGOs and local commanders and in Kabul and other urban areas inside Afghanistan.

31. Since 1987, UNICEF has provided substantial assistance to both the Office of the United Nations High Commissioner for Refugees (UNHCR) and the Government of Pakistan to increase immunization and other health services to Afghan refugees in Pakistan. In 1988, UNICEF allocated $750,000 for the expanded programme on immunization (EPI) in the camps and over $1 million in 1989. After a slow start, coverage levels are now increasing significantly, and the 80 per cent target should be reached in 1990. Other areas of assistance for refugees include the training of female health workers and supervisors, health education and support to basic education.

32. UNICEF also supported 17 projects in 1989 inside Afghanistan under mujahidin (non-government) control. In 1989, 45 immunization teams were supported in order to reach 400,000 children and 200,000 mothers. Depending on the opportunities available, UNICEF also supported the training of female health workers, nutrition surveys, the assessment of educational opportunities and area-based, pilot social development activities.

33. Immunization was the major activity undertaken in Kabul and other urban areas. Coverage surveys in 1988 indicated a coverage level of over 80 per cent for all antigens in Kabul. In addition to Kabul, some immunization services have also been provided to 14 other provinces, although most activities supported include CDD, maternal and child health services, water supply and sanitation and nutrition surveillance.

34. As the major roads were blocked, UNICEF undertook a seven-plane airlift during the summer months of 1989 to ensure a sufficient stockpile of emergency medical supplies for the vulnerable groups of children and mothers. UNICEF has now increased its activities significantly with its own staff monitoring its programmes. A general survey of childhood disability of all Afghan children is also being conducted with a view to establishing community-based rehabilitation services in the near future.

D. Economic emergencies

35. High inflation and economic crises had led to the initiation of severe economic and social recovery programmes by the Governments of Argentina and

Guyana. Serious shortages of food and medicines, leading to tremendous price increases, kindled social unrest and disruptions among the affected populations of the two countries. In Argentina, where there was no tradition of even the poor being faced with a crisis of such proportion, the unprecedented financial disaster has left millions of people with sudden impoverishment. To assist in this special emergency situation which directly affects the health and nutritional status of children and women, particularly the poorest of the most affected areas, UNICEF structured its intervention as an entry point for sustainable medium-term development through community organizations and local NGOs. A release of $100,000 from the Emergency Reserve Fund financed community-based essential drugs, basic food needs, nutrition education and household food security initiatives.

36. In addition to the emergency condition linked to the effects of the adjustment programme, the situation in Guyana has been deteriorating for the last few years, with the infant mortality rate increasing in the 1980s from under 30 to over 50 per 1,000 live births and with increasing malnutrition being registered. To support Government efforts to respond to the special emergency situation and to protect the nutritional status of nursery and primary school children jeopardized by the effects of the economic recovery programme, UNICEF joined the United Nations Development Programme (UNDP) in supporting the World Food Programme (WFP) school feeding programme with a $100,000 release from the Emergency Reserve Fund.

E. Preparedness initiatives

37. Lessons learned by the United Nations family, and the international aid community in general, have resulted in a number of positive developments in emergency preparedness and prevention. Among them is a growing awareness and utilization of early warning information in predicting drought and potential food shortage situations, and the importance of enhancing the capacity of the Governments to co-ordinate preparedness and responses to crisis situations. In addition, understanding the need to address not only the effects, but also root causes of famine by reducing household vulnerability and improving self-sufficiency at the community level, was also found to be significant.

38. Increasingly, UNICEF field offices have begun to recognize and implement systematic participation in the development of national early warning and preparedness efforts as a programming priority, primarily with regard to drought situations.

39. Recognizing that emergency response capacities are best when they are integrated into the overall development framework of the country and the implementing mechanism, ongoing support to early warning systems are maintained with all partners to improve the national capacity to report on population distress and displacement, increasing levels of malnutrition, rainfall patterns and increased food costs.

40. In support of preparedness initiatives in Angola, Bangladesh, Ethiopia, Mozambique, the Sudan and Zimbabwe, UNICEF provided programme and operational support to the Governments' co-ordinating mechanisms and personnel training and

participated in workshops/seminars on disaster preparedness and management. At the regional and headquarters levels, UNICEF participated in ongoing inter-agency collaborative efforts jointly with the World Health Organization (WHO) on emergency preparedness and response policy in Africa, with the United Nations Institute for Training and Research (UNITAR) on emergency training policy in the Sahel region and with the Office of the United Nations Disaster Relief Co-ordinator (UNDRO) as a member of the Steering Committee of the United Nations International Decade for Natural Disaster Reduction.

41. More importantly, building upon experience gained from UNICEF involvement in Operation Lifeline Sudan, a workshop on lessons learned was held at UNICEF Copenhagen which brought together representatives of various divisions and field offices who were actively involved in the operation.

F. Strengthening UNICEF response capacity

42. In line with UNICEF involvement in the overall United Nations response to the special crisis situation in southern Sudan (Operation Lifeline), both headquarters and field offices were mobilized to give increased attention to the implementation of the planned programme of assistance. This accelerated effort was reflected in all functional areas of the organization, including management, programming, supply and external relations.

43. The Emergency Operations Unit was very involved in this effort and served as the focal point in UNICEF for co-ordinating all aspects of operational management, including participation in the United Nations inter-agency operations group. In addition, a task force was established at New York headquarters, chaired by the Chief of the Emergency Operations Unit, to co-ordinate overall UNICEF policy and operations, as well as a smaller working group on programme strategies in the field offices concerned.

44. A major effort was made by UNICEF to strengthen its capacity in the Khartoum office and the regional office in Nairobi, as well as at headquarters. This was accomplished by the redeployment of staff from other UNICEF locations, including headquarters, and by recruitment.

45. In order to further strengthen the emergency capacity of field offices and headquarters, funding assistance was authorized from the Emergency Reserve Fund. These funds were used to provide requisite start-up operational and administrative support.

46. Efforts have continued to enhance the operational capacity of UNICEF and its partners to prepare and respond effectively to emergencies through staff training in emergency management (the training package, distributed last year in English to all field offices and operational partners, was reproduced in Spanish). In the light of frequently recurring natural disasters in Bangladesh, and gaining from past participation in the regional emergency training workshop, the Bangladesh office held a workshop for some 20 staff members in June 1989.

III. COLLABORATION WITH OTHER ORGANIZATIONS

47. An important aspect of emergency operations in 1989 was the increased collaboration between UNICEF and sister agencies in the United Nations system, bilateral aid agencies and international and local NGOs. This was manifested in the co-ordination and implementation of the most ambitious emergency programme launched by the United Nations Secretary-General in the Sudan (Operation Lifeline) and in the appointment of the UNICEF Executive Director as his Personal Representative. The close co-operation of all assisting partners, especially WFP, UNDP, UNDRO and WHO, has produced fruitful results, especially in the delivery and distribution of 106,000 metric tons of food and non-food items, including medical supplies.

48. Collaboration with the United Nations, WFP and other sister agencies, notably WHO, UNDRO, UNHCR and the Food and Agriculture Organization of the United Nations (FAO), also included the following: joint programming in nutrition monitoring and surveillance; regular exchanges of information; co-ordinated work at the field level in the different sectors for which UNICEF assumed major responsibility; joint needs assessment missions in Afghanistan, Lebanon, Namibia, Mauritania, Senegal, Somalia and the Sudan; ongoing participation in inter-agency preparedness initiatives with UNDRO, WHO, UNITAR and UNHCR; and task forces specifically for Lebanon and Africa. In the West Bank and Gaza, operational co-operation with UNRWA was especially important in providing assistance for the physical rehabilitation of children disabled as a result of the conflict situation.

IV. OPERATION LIFELINE SUDAN

A. Background

49. Recurring natural and man-made disasters in the Sudan, the civil war in the south and several years of drought and famine led to more than 250,000 deaths in 1988 and the displacement of nearly half of the 6 million inhabitants in southern Sudan. The displaced have sought refuge in the garrison towns of the south and the transitional zone, as well as Khartoum and other towns in the north. Many have been forced to flee to neighbouring countries.

50. Conscious of the gravity of the situation, and in response to a request from the Government of the Sudan, the United Nations Secretary-General launched an urgent appeal to the international community on 27 October 1988 to help reduce famine, starvation and disease, and appointed a special co-ordinator for emergency relief operations, the UNDP Resident Representative for the Sudan. By late January 1989, it became clear that unless a massive effort was undertaken to pre-position supplies before the rainy season, a repetition of the 1988 disaster would be faced.

51. On the invitation of the Government of the Sudan, and at the request of the Secretary-General of the United Nations, the appeal was followed by a joint Government/United Nations High-Level Meeting held in Khartoum on 8 and 9 March 1989 to develop measures to avert the major disaster of 1988 and to reach a concrete

relief policy, as well as an operational strategy, to accelerate food and non-food deliveries to key areas before the outbreak of the rainy season. This meeting resulted in a Plan of Action that was endorsed by all parties. The activities undertaken within its scope became known as "Operation Lifeline Sudan", which was officially launched in April 1989. The United Nations delegation was led by the UNICEF Executive Director. Representatives of government agencies, UNDP, WFP, FAO, the International Committee of the Red Cross (ICRC), NGOs and donor Governments participated in the proceedings.

52. The background paper prepared for the above-mentioned meeting noted that of an estimated 2.25 million affected inhabitants, all of whom will require emergency assistance, 600,000 displaced persons in the transitional zones, in larger southern garrison towns and in the rural south, including areas controlled by the Sudan People's Liberation Movement/Sudan People's Liberation Army (SPLM/SPLA) were in imminent danger of starvation. The food and non-food supplies required to meet the needs of the affected population were estimated at 120,000 metric tons and the total costs at $133 million, of which $78 million had already been committed.

53. The Plan of Action endorsed during the High-Level Meeting, which was implemented immediately, adopted the following general principles:

(a) United Nations, donor and NGO personnel would be guaranteed free access to all civilian non-combatant populations in need of emergency relief;

(b) Arrangements would be made to ensure the pre-positioning delivery of relief supplies at secondary and tertiary distribution points;

(c) Truck convoys and all other forms of transportation would carry only humanitarian relief supplies and staff involved with relief actions;

(d) A month of tranquility would be declared beginning 1 April 1989 during which both sides would cease military activities to enable supplies to be transported by road, train, barge and air to all locations in need;

(e) The Government of the Sudan would finalize its plans for the identification and preparation of sites for relocating vulnerable and displaced people;

(f) All participants in pre-existing relief operations would continue the activities;

(g) The mandate of the Sudanese Relief and Rehabilitation Commission (RRC), as well as the office of its Commissioner, would be strengthened;

(h) The Government would welcome the participation of NGOs in carrying out relief activities;

(i) Appropriate mechanisms would be established and/or strengthened to assist the monitoring and reporting processes;

(j) The Government would provide the most favourable legal exchange rate for contributions.

54. Following the adoption of the Plan of Action, more specific priority actions were pursued. These included operations through "corridors of tranquility". The precise objectives agreed upon for the corridors were:

(a) To send to Aweil by mid-April unescorted trains carrying maximum loads of food and relief items with no commercial or military freight, with follow-up trains leaving no later than one month thereafter until agreed delivery targets were met;

(b) To send to Malakal and beyond, beginning in mid-April, barge convoys carrying similar relief items with agreed drop-off points along the way;

(c) To organize and dispatch relief truck convoys via Raja to Wau;

(d) To organize and dispatch relief truck convoys from Uganda to Yei and Juba to supplement pre-existing WFP and other airlifts from Entebbe to Juba;

(e) To increase the number of relief convoys into the Kapoeta-Torit area from Kenya;

(f) To organize and dispatch truck relief convoys to the Nasir/Pochalla area from Ethiopia;

(g) To accelerate other air supply operations, such as those of UNDP, into Aweil.

B. Programme analysis

Emergency and relief actions

55. To avert a repetition of the 1988 disaster, priority action was given, in the early phase, to the transportation of food and non-food commodities to all areas where displaced civilians were faced with potential starvation and disease. Deliveries were made by road, air, train and river routes.

56. By the end of September 1989, total deliveries of food and non-food items amounted to some 106,424 metric tons, which represents 88 per cent of the total needs agreed upon during the High-Level Meeting. The breakdown is as follows: 102,934 metric tons of food supplies; and 3,490 metric tons of non-food supplies.

57. With the help of WFP, NGOs and ICRC, most of the supplies were pre-positioned in assigned locations for distribution to the displaced and affected populations.

58. Operational plans and strategic locations were developed with RRC in the government-controlled areas and the Sudan Relief and Rehabilitation Agency (SRRA) in the SPLA/SPLM areas to facilitate transportation and overcome logistical bottlenecks.

59. UNICEF co-operation with the Government of the Sudan, the SPLM/SPLA, WFP, UNDP, FAO, ICRC and NGOs in the implementation of the non-food component of Operation Lifeline Sudan included immunization activities, essential drugs and other health-related activities, supplementary feeding, water supply, general relief provisions and school materials.

Immunization activities

60. UNICEF has been supplying cold-chain equipment, vaccines and transport to promote EPI operations in both government- and SPLA-controlled areas in the south. To facilitate the distribution of EPI supplies, a bulk vaccination store has been established in Lokichokio, and local vaccination teams have been trained. The emphasis on immunizing children under five years old has resulted in vaccination clinics becoming operational in all garrison towns and displaced camps in the transitional zones. By the end of October 1989, more than 90,000 children in SPLA-controlled areas had been vaccinated against measles and tuberculosis and had received the first doses of combined diphtheria, pertussis and tetanus as well as polio vaccines. Due to communication difficulties, inadequate infrastructure, the movement of the displaced, the lack of trained personnel and fuel shortages, EPI coverage was not equally intensive in all locations.

61. Innovative approaches have been used to enhance EPI coverage. For pastoral groups, linking the vaccination of cows with that of children has proved to be the ideal vehicle for expanding the child vaccination programmes. Vaccinating cattle has been a method by which vaccination teams have been able to reach otherwise inaccessible areas and target groups.

62. In Wau and Aweil, improvement in immunization coverage has been due to linking food distribution with vaccination activities so that mothers with fully immunized children can receive priority food supplies. This method is also being attempted in other locations.

Essential drugs and other health-related activities

63. Health-related activities have included supplying essential drugs and other health supplies and equipment to various health centres, pharmacies and hospitals, especially in Malakal, Wau, Raja and Juba. A UNICEF health and nutrition officer was posted with RRC to help identify new emergency requirements in the non-food sector and, in collaboration with the Ministry of Health, to strengthen the vaccination programme in terms of planning and implementation.

Supplementary feeding

64. UNICEF has been providing UNIMIX (a supplementary food mix) and high-energy biscuits to the supplementary feeding centres, kindergartens and schoolchildren. Production of the UNIMIX operation yielded 250 metric tons by end-May when raw materials no longer became available. However, in view of the demand for this item, a proposal for expanding the activity, in co-operation with WFP/United States Agency for International Development, is being considered. A nutrition survey was carried out during the period 31 July-14 October 1989 in SPLA-controlled areas in

the south. The preliminary results show that levels of undernutrition (except for the Bor area) did not indicate the need for feeding centres in the short term. The nutritional status of the population is now being regularly monitored.

Water supply

65. Several programmes have been initiated or reactivated under Operation Lifeline Sudan. A hand-pump maintenance and rehabilitation programme is providing sufficient water supply in the transitional zone through the use of water tankers and the construction of water yards in Muglad and Babanusa, as well as through the restoration of one in Wau and nearly 100 in SPLA-held areas. A generator was procured for the Malakal water system and new boreholes were drilled. Training was also conducted for personnel in water-pump installation, repair and maintenance. UNICEF intervention in the area of water supply includes the following: (a) the present construction of four new water yards; (b) the repair of five water yards; (c) the installation of 200 new boreholes with hand-pumps; and (d) the repair and maintenance of 500 boreholes and hand-pumps.

66. The number of beneficiaries is difficult to assess due to population movements in the established camps and temporary settlements. Nevertheless, they can be estimated to be in the hundreds of thousands.

General relief

67. Blankets, tarpaulins, construction materials, fishing equipment, salt, fuel, agriculture tools and implements, seeds and jerrycans, mosquito nets and soap have been provided to help alleviate the suffering of many thousands of civilians.

Primary education

68. UNICEF and NGOs have provided school materials (exercise books, pens, etc.) to facilitate the reopening of schools in the SPLA-controlled areas. Although feedback is slow, there are indications of increased motivation and need.

C. The role of UNICEF as lead agency

69. On 23 March 1989, the UNICEF Executive Director was appointed by the Secretary-General as his Personal Representative for Operation Lifeline Sudan, with a mandate to contact Governments and international organizations at the highest level to mobilize support and to serve as a point of contact with the Central Government of the Sudan and SPLA/SPLM.

70. Following the March meeting, the Executive Director established contacts with SPLA/SPLM leadership, explained the Plan of Action and obtained their support and co-operation, negotiating a "month of tranquility" and "corridors of tranquility". For five months, he made trips to Khartoum and Nairobi to follow-up on the operation and to ensure continued support by the parties concerned.

71. In view of its special mandate, it was agreed that UNICEF would act as the

United Nations lead agency in SPLA-controlled areas, opening offices to facilitate implementation, monitoring and distribution, as well as to co-ordinate NGO activities. It was also agreed that UNDP would co-ordinate efforts in government-held territories.

72. To allow for the immediate start of UNICEF activities, the Executive Director authorized the provisional release of $2.9 million from the Emergency Reserve Fund, prior to the receipt of contributions. An appeal was launched within the framework of the Plan of Action agreed upon during the High-Level Meeting, and as of 25 December 1989, an amount of $17,118,718 was received from donors.

73. As an immediate expression of support to Operation Lifeline Sudan, UNICEF has strengthened its offices in Khartoum and Nairobi by redeploying international staff from headquarters and field offices. Altogether, some 84 staff have to date been involved in UNICEF field operations.

74. In April 1989, a UNICEF base camp was established at Lokichikio in Kenya near the Sudan border. The bulk of supplies have been sent from Nairobi to this camp, and from there they have been dispatched to various places in the south. UNICEF has also outposted some staff to Bor, Torit and Kapoeta in the south to assist in monitoring and distributing relief supplies to the displaced and affected populations.

75. In implementing its emergency-assisted activities, UNICEF has maintained very close collaboration with United Nations agencies and has streamlined its co-operation with all concerned partners at the field and headquarters levels. A major achievement in this direction has been the establishment of a United Nations Headquarters operations group, including representatives of ICRC, as well as an internal UNICEF interdivisional task force to support and co-ordinate activities, to help mobilize resources and to provide information to the media, the public and the donor community.

D. Management and operational issues

76. The major factors which contributed to the success of Operation Lifeline Sudan have been the will and commitment of the Government and SPLA, the close co-ordination with United Nations partners, ICRC, local and international NGOs, as well as the supportive role played by the media and the international community.

77. The response of the donor community has been excellent. To keep donor representatives fully appraised of the operation, six donor meetings were held in New York, the last of which was on 14 September 1989. During this meeting, the Personal Representative of the Secretary-General announced the end of his mandate on 1 October 1989, introduced his successor, Mr. Michael Priestly, and requested continued support for Operation Lifeline Sudan. It is estimated that the total cost of Phase I amounts to $200 million.

78. In agreement with the Government of the Sudan, an independent satellite communication system was established in Khartoum to link it with field stations,

Nairobi and New York. UNICEF has been in daily contact with the heads of Operation Lifeline Sudan in Khartoum and Nairobi, and also through this mechanism, the Personal Representative of the Secretary-General has kept in close contact with the two parties to the conflict, donor Governments and United Nations and NGO representatives.

79. The Government of the Sudan has authorized the application of the most favourable exchange rate for all local expenditures, which became effective on 1 April 1989, for the entire duration of the Plan of Action period. Furthermore, the strengthening of the RRC presence in the basic areas and the supportive role of SPLM/SPLA and its relief organization, SRRA, have greatly facilitated the logistics, handling and monitoring aspects of the operation. Additionally, the Governments of Kenya and Uganda have been most supportive.

80. Furthermore, the Government of the Sudan has taken quick measures to establish an Inter-Ministerial Steering Committee and a High Technical Committee to co-ordinate policy and operational actions. In SPLA/SPLM-controlled areas, SRRA co-ordinated the monitoring, supervision and distribution of the assistance provided in the south.

81. During the operation, major steps were taken by WFP to upgrade the transport capacity in the various corridors and to assure "all weather" use of certain key routes. Train tracks were rehabilitated, air strips reinforced and roads constructed or repaired. Relief food and supplies have been transported and offloaded by trucks, aircraft, trains and barges.

82. A fleet of some 23 aircraft, delivering seeds, food, medical supplies, water equipment and relief workers, made over 2,600 sorties. Three train convoys left Muglad to Aweil carrying supply and non-supply items and ICRC and United Nations personnel to monitor storage and distribution. Trucks were leased from both inside and outside the Sudan. Truck convoys from various locations carried supplies to the displaced in the affected areas.

83. It was only on 22 July 1989 that the first pilot five-barge convoy left Kosti to Malakal carrying 1,850 tons of food to the south. Following this, a second 15-barge convoy left in late August to drop off an additional 5,750 tons of food at five points along its journey to Malakal in both government- and SPLA-controlled areas.

84. The two small airplanes owned by UNDP and UNICEF have been used regularly to transport small loads of supplies, spare parts and relief personnel as required by field operations.

85. Numerous technical, security and operational problems occurred during the above-mentioned journeys, requiring extensive and crucial negotiations and immediate interventions before the relief items reached their final destinations. The major impeding factors of the operation included the insecurity prevailing in large areas of the country, the destruction of human and physical infrastructures, the lack of internal communication facilities, overwhelming logistical obstacles and generalized administrative constraints.

E. Lessons learned

86. Operation Lifeline Sudan has set an historic precedent and will have a major impact on future relief operations. It is the first time that parties to a major conflict have agreed and maintained a commitment to a common, large-scale operation over a sustained period of time and accepted "corridors of tranquility" along which relief convoys were allowed to pass. Furthermore, Operation Lifeline Sudan has demonstrated that neutral and humanitarian programmes can be a catalyst for peace and that the supportive role of the media and public opinion, as well as the commitment of all parties concerned, will allow the attainment of far-reaching goals in spite of the complexity of the problems faced during implementation.

87. This operation provided lessons that can be learned and replicated in other countries and regions with similar conflict situations. A two-day "lessons learned" workshop was held in Copenhagen during December 1989. The workshop capitalized on the experience gained and made recommendations to draw on for future UNICEF involvement in such large-scale operations.

F. Future outlook - Phase II

88. In its current phase, Operation Lifeline Sudan officially came to an end on 31 October 1989. It is, however, being followed by a large-scale emergency and rehabilitation programme that will provide a similar level of food and non-food support to the target population. A major component of Phase II will be the timely and effective distribution of agricultural tools, seed, cattle vaccine, nets, etc. The programme will also promote rehabilitation work, including the growing of crops, PHC with a focus on universal child immunization and ORT/CDD, the resumption of basic education, water supply and sanitation capacity-building and support to NGOs. UNICEF is currently co-operating with all parties concerned to draw up the Plan of Action for this new phase, the total budget estimated to be about $120 million to $130 million. It is noteworthy that in its resolution 44/12, adopted unanimously on 24 October 1989, the General Assembly requests the Secretary-General to continue to mobilize support and co-ordinate the efforts of the international community, to intensify rehabilitation activities and to keep those activities under constant review.

Annex I

RELEASES AUTHORIZED FROM THE EXECUTIVE DIRECTOR'S EMERGENCY RESERVE FUND IN 1989 a/

(In United States dollars)

Region/country	Nature of emergency/action taken	Amount
AFRICA		
Benin	Meningitis epidemic: vaccines	40 000 (20 170) b/ 19 830
Ethiopia	Meningitis epidemic: vaccines, essential drugs, medical supplies	400 000 (399 763) b/ 237
Ethiopia (northern region)	Drought: life-saving drugs, water supply, supplementary food, shelter/relief and logistics, programme support	500 000
Mauritania	Returnees from Senegal: essential drugs, water supply/sanitation equipment, vaccination activities, logistics support	200 000
Senegal	Displaced from Mauritania: essential drugs, medical supplies assistance	100 000 (100 000) b/
	Subtotal	720 067
AMERICAS AND THE CARIBBEAN		
Argentina	Economic crisis: support to NGOs for distribution of community first-aid, food and essential drugs, nutrition, education and household food security activities	100 000
Caribbean	Hurricane: drugs, hospital equipment and supplies	25 000
El Salvador	Measles epidemic: vaccines, logistical support	100 000 (51 282) b/ 48 718
Guatemala	Measles epidemic: needles/syringes, technical/ logistical support	50 000

Region/country	Nature of emergency/action taken	Amount
Guyana	Economic crisis: school feeding programme jointly with WFP	100 000
	Subtotal	323 718
ASIA		
Afghanistan	Conflict situation: continuation of emergency relief programme within United Nations initiative	500 000
Philippines	Conflict situation: provision of essential drugs	100 000
	Subtotal	600 000
MIDDLE EAST AND NORTH AFRICA		
Southern Sudan emergency (pre-Operation Lifeline)	Conflict situation: health, water, supplementary feeding	350 000 (202 632) b/ 147 368
Sudan (Operation Lifeline)	Conflict situation/food shortage: emergency relief programme in southern Sudan within United Nations initiative covering non-food needs	2 900 000 (2 400 000) c/ 500 000
Syrian Arab Republic	Meningitis epidemic: vaccines, needles, syringes	75 000
West Bank/Gaza	Conflict situation (intifadah): sustain physiotherapy service in Gaza and extension of service to West Bank	100 000
Democratic Yemen	Flood: basic relief and food items	25 000
	Subtotal	847 368
Project support	Funding support to strengthen management capacity to respond to emergencies for headquarters and the United Nations Programme of Action for African Economic Recovery and Development	150 000
	Total	2 641 153

(Footnotes on following page)

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a/ The annual level of the Emergency Reserve Fund was increased from $3 million to $4 million beginning in the calendar year 1989 as recommended to the Executive Board in document E/ICEF/1989/P/L.34.

b/ Replenishments of the Emergency Reserve Fund from special contributions received for emergencies as agreed to by the following donors: the Governments of Canada, the Federal Republic of Germany, Japan and the United States of America, and the National Committees of Japan and the United Kingdom.

c/ Replenishments of the Emergency Reserve Fund from special contributions received for Operation Lifeline Sudan (OLS) from the following donors: the Governments of Australia, Canada, Italy, Luxembourg, Sweden and the United Kingdom, and the National Committees of Japan and the United Kingdom.

Annex II

EMERGENCY RELIEF AND REHABILITATION OPERATIONS FOR WHICH FUNDS COMMITTED FOR LONG-TERM PROGRAMMES AND SPECIAL CONTRIBUTIONS WERE USED IN 1989

(In United States dollars)

DIVERSIONS

Region/country	Nature of emergency/action taken	Amount
AFRICA		
Benin	Meningitis: vaccines, medicines	5 000
Malawi	Drought/floods: relief items	39 700
Mali	Floods: medicines	3 500
Mauritania	Returnees from Senegal: relief items, vaccines, medicines	32 500
Mauritius	Cyclone: vaccines, medicines, water purification	9 000
Senegal	Returnees/refugees from Mauritania: essential drugs, disinfectants, supplementary feeding, water supplies	60 000
United Republic of Tanzania	Flood: essential drugs and medical supplies, disinfectants	41 500
Zambia	Flood: ORS, essential drugs	35 000
	Subtotal	226 200
ASIA		
China	Earthquake: contribution to joint United Nations intervention in re-equipping damaged school with desks and chairs	25 000
Lao People's Democratic Republic	Dysentery: medicines	3 700
Myanmar	Fire: medicines	6 100
Philippines	Conflict situation: essential drugs	27 000

Region/country	Nature of emergency/action taken	Amount
Sri Lanka	Floods/landslides: relief items	9 800
	Dysentery: medicines	4 000
Viet Nam	Typhoons: relief items, medicines	25 000
	Subtotal	100 600
MIDDLE EAST AND NORTH AFRICA		
Morocco	Meningitis: vaccines, needles and syringes, logistics support	109 200
Syrian Arab Republic	Meningitis: vaccines	25 000
	Subtotal	134 200
	Total (Diversions)	461 000

FUNDING FROM SPECIAL CONTRIBUTIONS a/

AFRICA		
Angola	Ongoing emergency relief and rehabilitation programmes in health, water and sanitation, logistics, relief and survival items including assistance for cholera outbreak and flood emergency	1 966 900
Benin	Meningitis: vaccines	20 100
Burundi	Civil conflict: rehabilitation of internally displaced/refugee children and women - restoration of schools, women's activities, supplementary feeding	84 000
Ethiopia	Ongoing emergency relief and rehabilitation programmes in health, water and sanitation, nutrition, relief and survival items	3 013 500
	Meningitis: vaccines, essential medicines, medical supplies	480 400
Ghana	Ongoing emergency interventions in provision of basic drugs, supplementary feeding, logistics support	27 700

Region/country	Nature of emergency/action taken	Amount
Mali	Ongoing emergency intervention in provision of basic drugs and supplementary feeding	111 100
Mauritius	Flood emergency: essential medicines and relief items	12 100
Mozambique	Ongoing emergency relief and rehabilitation programme in health, water and sanitation, relief and survival items	7 558 200
Namibia	Relief and rehabilitation activities	1 667 300
Niger	Ongoing emergency intervention in supplementary feeding and water supply initiatives	160 500
Senegal	Returnees/refugees from Mauritania: replenished Emergency Reserve Fund, augmented diversion from regular programme for additional essential drugs requirements	100 000
Somalia	Emergency operations in the north for reactivation of PHC, re-establishment of water supply system, prevention of epidemic outbreaks and support to the health and logistical infrastructure	120 000
	Subtotal	15 321 800
AMERICAS AND THE CARIBBEAN		
El Salvador	Measles epidemic: partial replenishment of Emergency Reserve Fund for provision of vaccines, logistical support costs	103 800
	Subtotal	103 800
ASIA		
Afghanistan	Ongoing relief and rehabilitation activities	6 232 900
Bangladesh	Flood rehabilitation: water supply and restoration	890 400
Thailand	Flood rehabilitation: primary school rehabilitation	105 200
	Subtotal	7 228 500

Region/country	Nature of emergency/action taken	Amount
MIDDLE EAST AND NORTH AFRICA		
Djibouti	Flood: essential drugs, ORS, logistics support	65 000
Iran (Islamic Republic of)	Ongoing rehabilitation: restoration and equipping of PHC services network	4 194 900
Iraq	Ongoing rehabilitation: restoration and equipping of PHC services network	4 530 900
Lebanon	Relief and rehabilitation: emergency repairs for water supply, relief and survival items for displaced people, supply of essential drugs, rehabilitation of water supply system	1 452 100
Sudan	Relief assistance to displaced: health, water, supplementary feeding interventions	1 156 600
	Southern Sudan: Operation Lifeline - assistance in non-food items	17 118 700
	Meningitis outbreak: vaccines, medical supplies	37 300
West Bank and Gaza	Armed conflict situation: physiotherapy project for children injured in the "intifadah"	89 600
	Subtotal	28 645 100
	Total (Contributions)	51 299 200
	GRAND TOTAL	51 760 200 b/

a/ Includes special contributions against ongoing appeals.

b/ Figure as of 25 December 1989.

Annex III

EMERGENCY APPEALS - FUNDING SITUATION AS OF 30 NOVEMBER 1989

(In thousands of United States dollars)

Country	1987 appeal	Subtotal funded	Unfunded balance	1988-1989/ 1989-1990 appeal	Subtotal funded	Unfunded balance
	(A)	(B)	(C)	(A)	(B)	(C)
AFRICA						
Angola				16 574	7 672	8 902
Ethiopia	22 000	17 692	4 308	9 050	893	8 157
Mozambique	17 890	12 951	4 939	57 282	29 892	27 390
Sudan				11 500	1 156	10 344
Operation Lifeline Sudan				20 500	17 118	3 382
Subtotal	39 890	30 643	9 247	114 906	56 731	58 175
ASIA						
Afghanistan				25 000	9 959	15 041
Subtotal				25 000	9 959	15 041
MIDDLE EAST AND NORTH AFRICA						
Iran (Islamic Republic of)				8 000	5 245	2 755
Iraq				8 000	5 181	2 819
Subtotal				16 000	10 426	5 574
TOTAL	39 890	30 643	9 247	155 906	77 116	78 790

Summary:

A. Total appeal: $195,796.

B. Total funded: $107,759.

C. Total unfunded: $88,037.

UNITED NATIONS

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1990 session

FOR INFORMATION

EMERGENCY OPERATIONS IN 1989

Corrigendum

Cover page, summary, line 7

For $54.4 million read $54.3 million

Paragraph 5, line 1

For $54.4 million read $54.3 million

Paragraph 5, table

Column 3 (Americas and the Caribbean)

The entry for Emergency Reserve Fund should read 275
The entry for Total should read 379

Column 6 (Total)

The entry for Emergency Reserve Fund should read 2 592
The entry for Total should read 54 352

Annex I, table, column headed "Amount"

The entry for El Salvador should be as follows:

For (51 282) read (100 000)
Delete 48 718

The subtotal for Americas and the Caribbean should read 275 000

The total should read 2 592 435

Annex II, page 25

The entry for El Salvador, line 1

Delete partial